

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-16-2003 90068 046 \*\*\*\*61.25

N98000003507

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:00

DOCUMENT # N98000003507

1. Entity Name

FORT MCCOY LITTLE LEAGUE, INCORPORATED



Principal Place of Business  
PO BOX 175  
FORT MCCOY FL 32134

Mailing Address  
PO BOX 175  
FORT MCCOY FL 32134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERN, LORI M  
17860 NE 45TH AVE. RD.  
CITRA FL 32113

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PO  
HERN, LORI  
P.O. BOX 765  
CITRA FL 32113

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
JOHNSON, LINDA  
P.O. BOX 175  
FT. MCCOY FL 32113

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T, D  
ANDREWS, DAWN  
P.O. BOX 175  
FORT MC COY FL 32134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP-D  
Sandy Eastman  
PO BOX 175  
FL. MCCOY, FL 32134

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. M. Hern

1/10/03

352  
595-4998

CR2F037 1/10/03

292

**Fort McCoy Little League, Inc.**  
**P.O. Box 765**  
**Citra, Florida 32113**

December 4, 2003

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

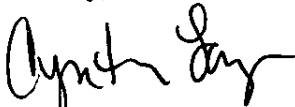
To Whom It May Concern:

Enclosed please find the corrected Uniform Business Report as requested from your office. I want to apologize for the confusion in this matter. We never received the request for correction therefore could not understand the Dissolution notice.

Hopefully, the corrections made will fulfill our obligations as a not for profit organization.

Thank you for your assistance in this matter.

Sincerely,



Cynthia Long  
Accounting